

Refine Search

Your wildcard search against 10000 terms has yielded the results below.

Your result set for the last L# is incomplete.

The probable cause is use of unlimited truncation. Revise your search strategy to use limited truncation.

Search Results -

Terms	Documents
L2 and (retriev\$6 or access\$6) same (portion or divid\$3 or part\$ or partition\$3) same (healthcare or hospital\$) same (consumer or patient)	1

Database:

US Pre-Grant Publication Full-Text Database
 US Patents Full-Text Database
 US OCR Full-Text Database
 EPO Abstracts Database
 JPO Abstracts Database
 Derwent World Patents Index
 IBM Technical Disclosure Bulletins

Search:

L3

Search History

DATE: Wednesday, February 16, 2005 [Printable Copy](#) [Create Case](#)

Set

Name Query

side by
side

DB=USPT; PLUR=YES; OP=ADJ

L3 L2 and (retriev\$6 or access\$6) same (portion or divid\$3 or part\$ or partition\$3) same (healthcare or hospital\$) same (consumer or patient)
L2 (4485300 or 4700055 or 4837422 or 4858121 or 4491725 or 5578808 or 5585787 or 5621201 or 5770843 or 58594190).pn.
L1 (6032119 or 4839822 or 5995939 or 5915241 or 6393404).pn.

Hit Set
Count Name

result set

1 L3

9 L2

5 L1

END OF SEARCH HISTORY

Refine Search

Your wildcard search against 10000 terms has yielded the results below.

Your result set for the last L# is incomplete.

The probable cause is use of unlimited truncation. Revise your search strategy to use limited truncation.

Search Results -

Terms	Documents
L5 and (supply\$3 or enter\$3 or input\$6) same (select\$6 or choos\$6) same portion\$ same (provider or doctor or physician)	14

Database:	US Pre-Grant Publication Full-Text Database US Patents Full-Text Database US OCR Full-Text Database EPO Abstracts Database JPO Abstracts Database Derwent World Patents Index IBM Technical Disclosure Bulletins
Search:	<input type="text" value="L6"/> Refine Search
	Recall Text Clear Interrupt

Search History

DATE: Wednesday, February 16, 2005 [Printable Copy](#) [Create Case](#)

<u>Set</u>	<u>Name</u>	<u>Query</u>	<u>Hit Count</u>	<u>Set</u>
				<u>Name</u> result set
side by side				
DB=PGPB,USPT,USOC,EPAB,JPAB,DWPI,TDBD; PLUR=YES; OP=ADJ				
<u>L6</u>	L5 and (supply\$3 or enter\$3 or input\$6) same (select\$6 or choos\$6) same portion\$ same (provider or doctor or physician)		14	<u>L6</u>
<u>L5</u>	L4 and (transfer\$ or generat\$) same (internet or ecommerce or e-commerce or electronic\$) same (record\$ or information or data)		216	<u>L5</u>
<u>L4</u>	(retriev\$6 or access\$6) same (portion or divid\$3 or part\$ or partition\$3) same (healthcare or hospital\$) same (consumer or patient)		1173	<u>L4</u>
DB=USPT; PLUR=YES; OP=ADJ				
<u>L3</u>	L2 and (retriev\$6 or access\$6) same (portion or divid\$3 or part\$ or partition\$3) same (healthcare or hospital\$) same (consumer or patient)		1	<u>L3</u>
<u>L2</u>	(4485300 or 4700055 or 4837422 or 4858121 or 4491725 or 5578808 or		9	<u>L2</u>

5585787 or 5621201 or 5770843 or 58594190).pn.

L1 (6032119 or 4839822 or 5995939 or 5915241 or 6393404).pn.

5 L1

END OF SEARCH HISTORY

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[End of Result Set](#)

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L6: Entry 14 of 14

File: USPT

Jan 9, 2001

DOCUMENT-IDENTIFIER: US 6171112 B1

TITLE: Methods and apparatus for authenticating informed consent

Detailed Description Text (28):

FIGS. 5 and 6 are flow diagrams of the provision of medical information and the receipt of an authenticated informed consent in an embodiment. The provision of medical information and the receipt of an authenticated informed consent of an embodiment generally comprises the steps of: (1) energizing an interactive presentation; (2) entering administrative information into the interactive presentation permitting the physician to interface with the system; (3) re-entering administrative information if required; (4) choosing a desired subject matter for presentation; (5) explaining collateral subject matter related to the subject matter selected; (6) presenting a final overview of the desired subject and any collateral subject matter for acceptance by the physician; (7) entering a scripting phase to collate the information selected by the physical for presentation to the patient as an interactive presentation; (8) compiling any required options into the presentation; (9) completing the scripting phase; (10) entering a patient's identification data into the interactive presentation; (11) positioning a patient before the interactive presentation to prepare the patient to interact with the interactive presentation; (12) conveying the scripted information to the patient, preferably from a video and data recording means while simultaneously visually or otherwise recording the patient and recording the information presented during the interactive presentation and recording the patients inputted responses to questions regarding the information presented as described below; (13) providing a means for the patient to input data in the form of answers to questions regarding the information presented to test the patient's comprehension of the information presented; (14) prompting the participant to answer a series of preformatted questions; (15) repeating portions of the interactive presentation with the same information, new information or combinations thereof if the patient's number of correct answers is below a predetermined threshold; (16) terminating the interactive presentation if the patient continues to perform below the predetermined threshold or if the patient's number of correct answers is above a predetermined threshold; (17) prompting the patient for an electronic signature; (18) stopping the data and video recording means; (19) printing identifying, preferably bar coded labels; (20) positioning a bar coded label on the participant's medical records; (21) making a consolidated, correlated, non-erasable, tamper-resistant record of the video, the interactive presentation transactions, and authenticating information; (22) optionally making a backup copy of the consolidated, correlated non-erasable, tamper-resistant record; (23) encrypting the non-erasable, tamper-resistant record; (24) downloading the consolidated non-erasable, tamper-resistant record; and, (25) positioning a bar coded label on the consolidated non-erasable, tamper-resistant record.

Detailed Description Text (46):

FIG. 7 is a system 700 for obtaining informed patient consent of an embodiment. The system 700 comprises a data facility 702 coupled to transmit information to 704 and receive information from 706 at least one VITAL Center 708. The transfer of information among the data facility and the VITAL Centers may be performed using a

dedicated network, an Internet connection, or a wireless network, but is not so limited. In operation, on a daily or other periodic basis, each VITAL Center 708 is coupled to the network for a two-way transfer of data 704-706. The transfer of data includes the transmission of patient education sessions 706 from the VITAL Center 708 to the data facility 702. The transfer of data also includes transfers in which the data facility 702 automatically transmits 704 presentation updates to the VITAL Center 708. The network can exist independently of, or be integrated into an existing healthcare facility information systems network. In an embodiment, the network is a proprietary virtual private network, but is not so limited.

Detailed Description Text (60):

Operation of the VITAL Center of an embodiment in a patient education session begins by moving the portable VITAL Center to a suitable patient viewing area, turning on the VITAL Center, and following the prompts for a start-up procedure. Upon start up of the VITAL Center, a Patient Education Screen will be presented. FIG. 14 is a Patient Education Screen 1400 of a VITAL Center of an embodiment. To start the patient education session press the "Record Session" button 1402, whereupon the screen will divide and show a list of items required for entry with associated symbols, icons, or buttons. FIG. 15 is a divided screen 1500 of an embodiment for entry of patient information by a healthcare provider. While the list of items 1599 required for entry is displayed in a portion of the divided screen, another portion 1597 of the screen contains the information appropriate to the icon selected and any corresponding instructions. Along with the list of items 1599, an embodiment displays an on-screen keyboard (not shown) with which patient information is entered. This patient information is entered into the program by a healthcare provider in order to start the session. The highlighted "Physician" icon 1598 indicates that the items accessed using this screen may only be accessed by the healthcare provider. The healthcare provider may be a physician, a nurse, a technician, or any other qualified employee of the healthcare facility. This information may be entered prior to patient interaction.

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L6: Entry 1 of 14

File: PGPB

Dec 23, 2004

DOCUMENT-IDENTIFIER: US 20040260577 A1

TITLE: Electronic healthcare information and delivery management system with an integrated medical search architecture and capability

Summary of Invention Paragraph:

[0005] Attempts at solving these problems involve computer software and hardware systems that are desktop or laptop computer based or handheld physician practice tools. Physicians do not practice medicine while sitting in front of a desktop or laptop computer. Physicians are long accustomed to moving from patient to patient, room to room, creating the medical record on clipboards as they go, writing prescriptions on small pads they can easily carry. Handheld physician practice tools include devices that are to be physically connected ("docked") to a device or network for information to be transferred to the Internet or to a central computer. Other handheld devices rely on infrared wireless connections that force the user to point the handheld device at an infrared port on a base station, printer, or other fixed device for information to be transferred. Handheld devices often have small screens, black-and-white or grayscale displays, and poor resolution.

Detail Description Paragraph:

[0056] The devices 120-132 accept input information in many forms including keyboard, mouse, touch screen, light pen, voice recording, voice-to-text transfers and the like. The devices 120-132 are connected with each other via a data communication network 123. The network 123 may be a public or private communication network such as, but not limited to, a global communications network (commonly known as the Internet), a Wide Area Network (WAN), a Local Area Network (LAN), interactive television (In/), cable or a wireless network. For the purposes of discussion, it will be assumed that the network is embodied as the Internet. In this context, the devices 120-132 may or may not be connected to the Internet at all times. For instance, some devices may employ a modem to occasionally connect to the Internet while other units may maintain a permanent connection. In light of the importance of privacy concerns, the health care information and delivery management system employs information security such as a physically secure network, data encryption, authorization certificates, digital signatures and other techniques, or combinations of information security techniques, which are known in the network security arts.

Detail Description Paragraph:

[0061] FIG. 5B shows client computers utilizing a local area network at the healthcare provider's facility and a proxy server to access the external network. It is similar to FIG. 5A with the exception that a proxy server 147 acts as an intermediary between the client and the Internet so that the system can ensure security, administrative control, and caching service. A proxy server may be part of a gateway server that separates the client network from the outside network and a firewall server that protects the client network from outside intrusion. An advantage of a proxy server is that its cache can serve all users. If one or more Internet sites are frequently requested, these are likely to be in the proxy's cache, which will improve user response time. The server 147 may include a local database that stores data locally and is accessed for applications that employ the data. Almost any functionality that would normally be done at the main server can be done on the proxy server. The proxy server may facilitate transmission of data.

among devices at the healthcare center to reduce dependence on the external network so that the system will still function if a network connection fails. Typical applications that access the database in the server 147 include cross-checking of physician prescriptions with patient medications and allergies, cross checking of physician prescriptions and patient susceptibility to adverse drug interactions, determining the pharmacy benefit management company of the patient and other functionality. The server 147 selectively performs operations such as merging selected physician input data with selected patient-input data and selected staff input data, and transmits both merged and unmerged data to the external network 148 to be processed by the healthcare information manager 146. The server also provides for the generation and transmission of dynamic data such as dynamic web pages. The server can service the client computers during a failure of the network connection and provide better performance by avoiding wide area network (WAN) communication.

Detail Description Paragraph:

[0063] FIG. 5D shows client computers 140-143 at the healthcare provider's facility connecting to base stations 150-153 that in turn connect to a local area network 144 which connects to an external network 145 that facilitates communication between the clients 140-143 and the healthcare information manager 146 over the external network 145. This configuration is used when the client's computers are wireless devices that are connected (called docking) to a base stations 150-153 before data from the wireless devices can be transmitted or received from the health information manager 146. This configuration is also used when the device is a portable, wireless personal access device (PAD) that uses radio frequencies to enable to access the Internet or send and receive email within a certain number of feet of the device's base station and does not need to be physically connected to a base station to transmit or receive data from the network. The base station 150-153 may provide one or more of the following functionality: network connectivity, synchronization of files or records between the terminal's version and the base station's version, and generation and transmission of dynamic data such as dynamically generated web pages.

Detail Description Paragraph:

[0066] In one method of use of selecting advertising, a request arrives at a HTTP Hypertext Transfer Protocol (HTTP) front end server 601 and based on the object identified by the Uniform Resource Locator (URL) which is the address of a file resource accessible on the Internet. In the request, the front-end server 601 sends the request to the advertisement business logic program 602. The advertisement business logic program 621 reads from several of the databases 603 such as the current patient's complaint from the patient data entry records 626, the patient's smoking status from the patient data entry records or from the patient records, the doctor's specialty from the doctor or clinic relation 624, diagnosis of the patient's illness from the patient records 626, the patient's current list of medications from prescription writing 627 or patient records 626, medications allowed by an insurance formulary from health information records 632 and target markets for advertisements from the advertisement records 631. Based on such factors, the advertising selection program 621 chooses an advertisement to display and directs the front-end server 601 to transmit that advertisement page to a remote machine through the communications network 604. For example, when a request for an advertisement arrives through the communications network 604 from a machine being used by a cardiologist that is working with a particular patient, the advertisement program 621 could decide whether to display an advertisement for a smoking cessation product by querying the patient's database records to determine if the patient smokes, then querying the physician's record 624 of what smoking cessation products the doctor has prescribed to patients or sent information about to patients in the past, and finally querying the advertising database 631 to find smoking cessation advertisements. In another example, when a general practitioner uses the system while examining a patient complaining of allergies, the advertising selection program 621 would query the doctor's past prescribing habits 624 and 627, the patient's insurance coverage 626, current medications and allergies 626 and

627, and the advertising database 631 to select from among allergy medications to advertise based on payments by different advertisers to target specific combinations of doctor and patient characteristics.

Detail Description Paragraph:

[0088] FIGS. 14A and 14B depict a flowchart of the patient's interaction with healthcare information management system for entering patient information. The patient may enter the information using a display interface of a personal computer, a laptop notebook, an Internet-enable appliance or other type of electronic device. The patient may also enter the information using a computer contained in a kiosk in the physician's office. Alternatively, the patient may provide this information to a healthcare worker in the physician's office and the healthcare worker may then enter the information in the same way as the patient in steps 261 through 270. The patient logs onto the system with a unique identifier 260. If the patient is not already in the system (a new patient), a blank record and heuristic form is displayed 262 and the patient completes the record and heuristic 263. If the patient is already in the system, the patient's record for selected portions are displayed 264 (or selected portions of the patient's record). If an update is needed 265, the patient is prompted to update the record 266. The patient completes heuristics for the current illness complaint or reason for the office visit 267. The patient completes pharmacy selection heuristics to select a preferred pharmacy 268. The patient may also select items of medical or other interest and concern 269. The patient enters his or her email address, if one exists 270. At all steps in the process, health and product information 273 and advertisements 272 may be displayed on the graphical user interface displayed to the user. The system may update health and product information 273 and advertisements 272 displayed as more information is entered about the patient. Optionally, the system may print out the information entered so it may be reviewed by the patient for accuracy 274. After the patient has completed entering information, the process ends 275.

Detail Description Paragraph:

[0094] FIG. 18A is a block diagram of the process of automatically writing a prescription for a patient. An advertisement for a medication '(usually a prescription drug) that is appropriate for the patient's disease, or complaint, or condition is displayed as discussed above in FIGS. 17A and 17B. This can occur at any point in the healthcare worker's workflow. The healthcare worker, usually a physician, can select the advertisement at any time during the physician-patient encounter (including during telephone calls, or when the patient is not in the physician's presence. Selection can be accomplished in any number of ways, including but not limited to a point and click device or a light pen. Patient data and other information 351 available from the patient medical record (which may have been entered into the medical record by the patient, the physician, other medical staff, or other non-medical staff) such as the patient's age, weight, sex, race, creatinine level, disease states (such as kidney or liver disease or the like), physiological states such as diabetes, hypertension or the like, current medications, past medications, allergies, and other patient medical information 351 is merged and integrated with the advertised prescription selected by the physician to generate the prescription and treatment regimen 352. The system then is able to select an appropriate treatment regimen including strength, quantity, method of delivery, frequency, and duration of treatment in light of the patient's physiologic/medical state 352. For example, if a physician selects amoxicillin for a healthy adult the system may suggest a standard adult regimen that might include 500 mg tablets three times a day for 7 days. On the other hand, a patient with an elevated creatinine level might receive a modified regimen that could include 250 mg tablets three times a day for 7 days. An appropriate treatment regimen for a child would be based on the child's weight, and could include 1 teaspoon of 125 mg/ml amoxicillin three times a day. The patient-selected pharmacy information 353 is used to transmit the prescription to the appropriate pharmacy 354. The pharmacy may be a traditional "brick and mortar" pharmacy or may be an Internet based pharmacy. The transmission can be via the global communications network or if the

prescription is to be transmitted to a traditional brick and mortar pharmacy, transmission can occur via phone or fax. The prescription can also be printed. The physician can also select the advertisement to request more information about the pharmaceutical prior to making a prescribing decision.

Detail Description Paragraph:

[0098] FIG. 21 is a block diagram of the process of merging healthcare provider or patient generated information and other healthcare information and allowing the healthcare provider to edit and annotate the information. Healthcare provider and/or patient generated system information 370 from the healthcare information manager and healthcare information including information from web databases, computer stored articles, video, books, audio, journals, illustrations and advertisements, computer simulations and any type of information from an Internet website 371 are merged together 372. The healthcare provider is able to annotate and where appropriate edit the healthcare information and the healthcare provider and patient generated system information. The edits and annotations can be visual (such as text or pointers on the graphical user interface), video or audio. The information, edits and annotations can be margin notes, highlighting, a commentary, a notes, a list of recommended articles, video with audio and/or written annotation, audio, computer simulations, and review notes. The merged information may then be transmitted to the patient, to another healthcare provider or to a medical facility. As an example, a healthcare provider who is a cardiologist could modify the film of a cardiogram adding voice information and visual cues such as pointers to explain to a patient the extent of the patient's coronary artery disease. The information could then be transmitted to the patient. As another example, a computer simulation of the heart could be modified by adding voice information and visual cues such as pointers to explain to a patient the extent of the patient's coronary artery disease. As another example, the annotation could be as simple as underlining a part of a journal article that the healthcare worker wants the recipient to read.

Detail Description Paragraph:

[0102] The healthcare information manager then prompts the patient to enter criteria for selecting the pharmacy to which prescriptions will be sent 391. Examples of such criteria include but are not limited to: pharmacy location (by city, street, zip code, etc.), hours of operation, insurance acceptance, delivery options available and type of store (grocery, pharmacy, Internet web site). Using the information entered by the patient, the healthcare information manager generates a list of pharmacies that meet these criteria. Some pharmacies may be preferentially displayed due to having paid for this premium exposure 392. The patient selects a pharmacy to receive prescriptions 393.

Detail Description Paragraph:

[0112] In this example, the physician selects each of these advertisements and a prescription is generated for each 415. In this example, the patient then asks the physician for a refill for allergy medication 416. The health information manager checks the medical record and finds the name of the current allergy medication, Brand V 417. In this example, two advertisements for allergy medications have been previously stored in the system one for the patient's medication and that of a competitor allergy medication 417. The competitor allergy medication Brand R is displayed as an advertisement because the competitor's company has paid for that service whenever Brand V is requested for a refill. After checking for possible allergies and adverse reactions for both drugs, the health information manager displays an advertisement for the competitor's allergy medication Brand R 418. The physician selects the advertisement and the medication is prescribed 419. All prescription data entered by the physician is then merged with the pharmacy selection and routing information entered by the patient and the prescriptions are electronically sent to the patient's selected pharmacy for filling. If the prescription includes drug refills, the healthcare information management system has the capability to send less than the total number of refills of the

prescription to the pharmacy and to store the refills. The patient can then have the prescription refilled at a pharmacy that is different from the pharmacy that filled the original prescription.

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Clear	Generate Collection	Print	Fwd Refs	Bkwd Refs
Generate OACS				

Search Results - Record(s) 1 through 14 of 14 returned.

1. Document ID: US 20040260577 A1

Using default format because multiple data bases are involved.

L6: Entry 1 of 14

File: PGPB

Dec 23, 2004

PGPUB-DOCUMENT-NUMBER: 20040260577

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20040260577 A1

✓ TITLE: Electronic healthcare information and delivery management system with an integrated medical search architecture and capability

PUBLICATION-DATE: December 23, 2004

INVENTOR-INFORMATION:

NAME	CITY	STATE	COUNTRY	RULE-47
Dahlin, Michael	Austin	TX	US	
Lipscher, Randolph	Austin	TX	US	

US-CL-CURRENT: 705/2

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KMC	Drawn
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2. Document ID: US 20040254816 A1

L6: Entry 2 of 14

File: PGPB

Dec 16, 2004

PGPUB-DOCUMENT-NUMBER: 20040254816

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20040254816 A1

TITLE: Network-connected personal medical information and billing system

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KMC	Drawn
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3. Document ID: US 20040148194 A1

L6: Entry 3 of 14

File: PGPB

Jul 29, 2004

PGPUB-DOCUMENT-NUMBER: 20040148194
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20040148194 A1

TITLE: Virtual physician office systems and methods

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KMC](#) | [Drawn](#)

4. Document ID: US 20030212577 A1

L6: Entry 4 of 14

File: PGPB

Nov 13, 2003

PGPUB-DOCUMENT-NUMBER: 20030212577
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20030212577 A1

TITLE: Method of improving prescription fulfillment in association with pharmaceutical sample distribution

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KMC](#) | [Drawn](#)

5. Document ID: US 20030208381 A1

L6: Entry 5 of 14

File: PGPB

Nov 6, 2003

PGPUB-DOCUMENT-NUMBER: 20030208381
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20030208381 A1

TITLE: Patient health record access system

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KMC](#) | [Drawn](#)

6. Document ID: US 20030200726 A1

L6: Entry 6 of 14

File: PGPB

Oct 30, 2003

PGPUB-DOCUMENT-NUMBER: 20030200726
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20030200726 A1

TITLE: System and method for providing temporal patient dosing

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KMC](#) | [Drawn](#)

7. Document ID: US 20030083903 A1

L6: Entry 7 of 14

File: PGPB

May 1, 2003

PGPUB-DOCUMENT-NUMBER: 20030083903

PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20030083903 A1

TITLE: Method and apparatus for contemporaneous billing and documenting with rendered services

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KMC](#) | [Drawn](#)

8. Document ID: US 20020120472 A1

L6: Entry 8 of 14

File: PGPB

Aug 29, 2002

PGPUB-DOCUMENT-NUMBER: 20020120472
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20020120472 A1

TITLE: System and method for integration of health care records

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KMC](#) | [Drawn](#)

9. Document ID: US 20020049617 A1

L6: Entry 9 of 14

File: PGPB

Apr 25, 2002

PGPUB-DOCUMENT-NUMBER: 20020049617
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20020049617 A1

TITLE: System and method for facilitating selection of benefits

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KMC](#) | [Drawn](#)

10. Document ID: US 20020029157 A1

L6: Entry 10 of 14

File: PGPB

Mar 7, 2002

PGPUB-DOCUMENT-NUMBER: 20020029157
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20020029157 A1

TITLE: Patient - controlled automated medical record, diagnosis, and treatment system and method

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KMC](#) | [Drawn](#)

11. Document ID: US 20010027402 A1

L6: Entry 11 of 14

File: PGPB

Oct 4, 2001

PGPUB-DOCUMENT-NUMBER: 20010027402

h e b b g e e e f e ef b e

PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20010027402 A1

TITLE: Method and apparatus for effectuating bilateral, consumer-driven healthcare commerce

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KWC](#) | [Draw. D](#)

12. Document ID: US 6834285 B1

L6: Entry 12 of 14

File: USPT

Dec 21, 2004

US-PAT-NO: 6834285

DOCUMENT-IDENTIFIER: US 6834285 B1

TITLE: Computer system for portable digital data capture and data distribution

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KWC](#) | [Draw. D](#)

13. Document ID: US 6482156 B2

L6: Entry 13 of 14

File: USPT

Nov 19, 2002

US-PAT-NO: 6482156

DOCUMENT-IDENTIFIER: US 6482156 B2

**** See image for Certificate of Correction ****

TITLE: Computerized medical diagnostic and treatment advice system including network access

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KWC](#) | [Draw. D](#)

14. Document ID: US 6171112 B1

L6: Entry 14 of 14

File: USPT

Jan 9, 2001

US-PAT-NO: 6171112

DOCUMENT-IDENTIFIER: US 6171112 B1

TITLE: Methods and apparatus for authenticating informed consent

[Full](#) | [Title](#) | [Citation](#) | [Front](#) | [Review](#) | [Classification](#) | [Date](#) | [Reference](#) | [Sequences](#) | [Attachments](#) | [Claims](#) | [KWC](#) | [Draw. D](#)

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Terms	Documents
L5 and (supply\$3 or enter\$3 or input\$6) same (select\$6 or choos\$6) same portion\$ same (provider or doctor or physician)	14

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